

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 561

Office of Registrar of Vital Statistics.

Ward

11<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

*ANNE 93 1887*  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

32/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mrs. Minnie Trout

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 60 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

33 years

Place of Death, { Give Street and Number. }

514 Russell Ave

Cause of Death, { First (Primary), Second (Immediate), }

Diabetes Mellitus  
Cardiac Seizure

Duration of Last Sickness,

One year

All the above information should be furnished by the Physician.

Place of Burial, Loyd Cemetery

G. D. Fleming

Date of Burial, 24 Jan Bear Road

Medical Attendant.

{ Undertaker, T. F. Sontheimer

{ Place of Business, 120 N. Green St. Address, 601 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the following, in the case of Diseases of

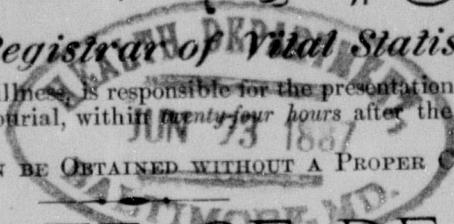
# Health Department, City of Baltimore.

Permit No. A 562 Office of Registrar of Vital Statistics.

Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



24

## CERTIFICATE OF DEATH.

Date of Death, June 22 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josia G. Furlong

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 44 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } New Jersey

Duration of Residence in the City of Baltimore, 37 years

Place of Death, { Give Street and Number. } Union Prot Infirmary

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, National Cemetery, Frederick Road,

Date of Burial, June 24<sup>th</sup> 1887

{ Undertaker, John S. Macker

M. D.

Medical Attendant.

{ Place of Business, Paca & Compton Address, 550 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. A 563

Office of Registrar of Vital Statistics.

Ward

10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 22<sup>nd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ida B. Penner

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

4

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baller Girl

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

179 Octas N Paca St

Cause of Death, { First (Primary),

Heart

Second (Immediate),

Cerebral Meningitis

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, June 24<sup>th</sup> 1887

J. E. Clay M. D.

{ Undertaker, John J. Mackay

Medical Attendant.

{ Place of Business, Paca &amp; Camden

Address, 36 S. Eutaw St

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. **A 564**

Office of Registrar of Vital Statistics.

Ward **8<sup>th</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

**June 22<sup>nd</sup> 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

**Mary Coleman**  
**Female**

Sex, Male or Female, { Cross out the word not required in this line. }

Age, **73** Years,

Months,

Days.

Color,

**white**

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

**widow**

Occupation,

Birth Place, { State or country, and how long in the United States. }

**Inland**

Duration of Residence in the City of Baltimore,

**35 years**

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),  
Second (Immediate), }**1731 Hope st**  
**Parish of Heath**

Duration of Last Sickness,

**2 hours**

All the above information should be furnished by the Physician.

Place of Burial, **Pikesville Balto Co Md**Date of Burial, **June 23<sup>rd</sup>** **M.B. Billingsler M.D.**

Medical Attendant.

Undertaker, **H. C. Windfeld**Place of Business, **916 Greenmt** Address, **1206 E. Paxton**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

# Health Department, City of Baltimore.

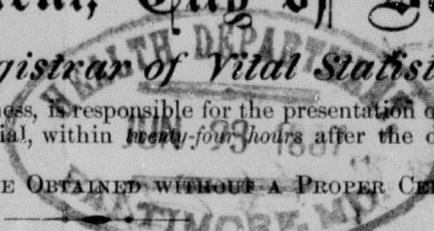
Permit No. A 565

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

June 23

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah Anthony

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

10

Months,

Days.

B. C.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Bricklayer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

18 weeks

Duration of Residence in the City of Baltimore,

S. W. Lee &amp; Co. 315

Place of Death, { Give Street and Number. }

Goodchilles

Cause of Death, { First (Primary),

Sprawl

Second (Immediate),

1 day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

B. P. E. L. L.

Date of Burial, June 23 1887

M. D.

{ Undertaker, S. W. Chase

Medical Attendant.

{ Place of Business, 641 Howard St.

Address, 815 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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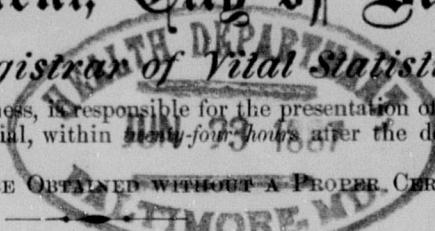
[OVER.]

# Health Department, City of Baltimore.

Permit No. A 566 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

## CERTIFICATE OF DEATH.

Date of Death,

June 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary L. Hauchens

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 1 Years, 6 Months, / Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Breco City  
Sister Birth

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

18 Cor Chase & Canal Street

Cause of Death, { First (Primary),

Cholera Dystautum

Second (Immediate),

Exhaustion

Duration of Last Sickness,

Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial,

W. P. Deemer Cl

Date of Burial,

June 24 1887

{ Undertaker,

Henry Stork & Son

Medical Attendant.

{ Place of Business,

1028 N. Charles Street

S. Erdman M. D.

Sept 1st 1887

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

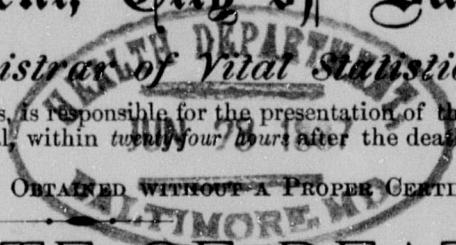
Permit No. A 567

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

June 22<sup>o</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Hattie May Ensor.

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age,

Years,

4 Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore City,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

906 Hollins St

Cause of Death, { First (Primary),

Inflammation

Second (Immediate), "

Duration of Last Sickness,

Since birth

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

June 24/87

John Pennings M. D.

{ Undertaker,

J. B. Cook

Medical Attendant.

{ Place of Business,

1003 W. Balt.

Address,

505 W. Carrollton Av

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[OVER.]

# Health Department, City of Baltimore.

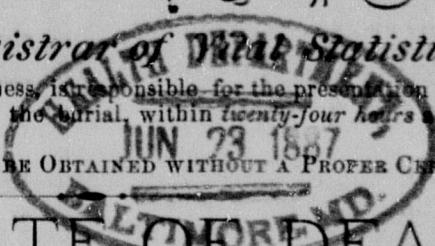
Permit No. A 568

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 22<sup>nd</sup> 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emilene Anderson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 11 — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Maryland

Duration of Residence in the City of Baltimore, Liberton

Place of Death, { Give Street and Number. }

1921 Watkins av

Cause of Death, { First (Primary). }

Congestion of Brain

Second (Immediate), Spasms

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Wards Chapel Baltimore, MD

Date of Burial, June 23<sup>rd</sup> 1887

B F Phillips

M. D.

Medical Attendant.

{ Undertaker, Fox B Cook

{ Place of Business, 1003 W Baltimore

Address, 735 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

# Health Department of the City of Baltimore.

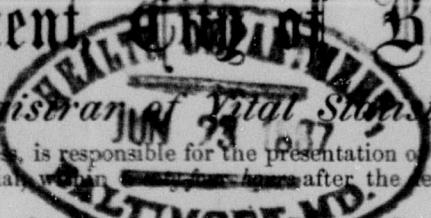
Permit No. A 569

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, who can do so only after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 22<sup>nd</sup> 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry W. Wilson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Sixty Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Baltimore Co. Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Five Years

Place of Death, { Give Street and Number. } 1926 John Street

Cause of Death, { First (Primary), Chronic Bronchitis  
Second (Immediate), Exsudation

Duration of Last Sickness, Eight months

All the above information should be furnished by the Physician.

Place of Burial, Parkton Ballot

Date of Burial, June 24<sup>th</sup> 1887

{ Undertaker, W. J. Diller }

{ Place of Business, Parkton Md }

Address, 108 Pinney St

M. D.

Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

4728 Transit

# Health Department City of Baltimore.

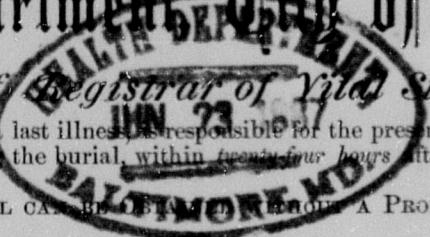
Permit No. A 570

Office of Registrar of Vital Statistics.

Ward 1<sup>st</sup>

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.



B  
B

## CERTIFICATE OF DEATH.

Date of Death, Unknown

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years Unknown, Months, Days, Unknown, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, — ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } Supposed to have been in Sink of River 80 ft. from mouth of

Cause of Death, { First (Primary), Supposed to Suffocate Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, June 23<sup>rd</sup> 87

M. D.

Undertaker, Geo. Priester &amp; Son

Medical Attendant

Place of Business, Health offce Address, 403 N. Howard

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]